DMV USE ONLY	☐ NEW ☐ REPLACEMENT	PERMIT NUMBER(S)	PLATE NUMBER	EXPIRES	MO.	YEAR

SPECIAL PERMIT APPLICATION AND IMPAIRMENT CERTIFICATE

B-225 REV. 8-2015

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
HANDICAPPED UNIT
60 STATE STREET, WETHERSFIELD, CT 06161-5056
On The Web At ct.gov/dmv
Telephone: (860) 263-5154
Fax: (860) 263-5556
dmv.hpapp@ct.gov

INSTRUCTIONS:

NEW:

1. NOTE: **PART A** must be completed by applicant. Applicant must have a Connecticut Driver License or ID card. If impairment is blindness and you hold a valid Connecticut Driver License, the license must be surrendered at a full service office of the Department of Motor Vehicles when special permit application is submitted. For purpose of identification, a non-driver photo ID may be obtained in place of the Driver's License.

PART B must be completed and signed by a physician, APRN, physician's assistant or USVA. An optometrist, ophthalmologist or the Connecticut Board of Education and Services for the Blind may complete PART B in case of visual impairment or submit a copy of certificate of blindness. **Stamped signatures are not permissible.**

If **PART A and PART B** are not completed in full, the application will be returned and the special permit will not be issued.

REPLACEMENT: New style only - complete PART A.

2. The applicant must return this form by mail to the address above, in person at any DMV branch office, or via fax or e-mail. *There is no charge for a permanent permit, however, there is a **$5.00** charge for **temporary** permits. (Temps cannot be faxed or e-mailed)*

NOTE: Only one (1) permit will be issued/allowed in connection with a single disabled person.

VALIDATED BY DMV ABOVE

PART A - COMPLETED BY APPLICANT

TYPE OF APPLICATION

☒ **NEW** (*1st issue*) ☐ **REPLACEMENT** ☐ **RENEWAL**

IDENTIFICATION OF APPLICANT (*Please Print*)

APPLICANT IS (*Check One*)

☒ **PERSON WHO IS DISABLED** ☐ **PERSON WHO IS BLIND** ☐ **ORGANIZATION TRANSPORTING BLIND OR DISABLED PERSON**

NAME OF PERSON WHO IS BLIND OR DISABLED (*Last, First, Middle Initial*)
Sanders Carl

DATE OF BIRTH (Required)	CT DRIVER LICENSE/ID CARD NUMBER (Required)	DAYTIME TELEPHONE NUMBER
01/14/1948	134221559	475-202-6365

ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)
660 Mix Ave Apt 2E	Hamden	CT	06514

MAILING ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)
PO Box 185424	Hamden	CT	06518

APPLICANT'S SIGNATURE

I, the person who is blind or disabled or the parent or guardian of such person do hereby declare, under penalty of false statement, that the visual acuity or the ability to walk of the above named person is seriously impaired as specified.

SIGNATURE OF APPLICANT X

DATE SIGNED

PART B - COMPLETED BY PHYSICIAN, APRN, PHYSICIAN'S ASSISTANT, OPTOMETRIST, OPHTHALMOLOGIST, BESB OR USVA

PHYSICIAN'S, APRN'S, OPTOMETRIST'S OR OPHTHALMOLOGIST CERTIFICATION OF DISABILITIES AS DEFINED IN 23 CFR PART 1235.2

I hereby certify that the above named applicant is blind or has disabilities that limit or impair their ability to walk, and that his or her condition is:

PERMANENT (UP TO 6 YEARS) ☒

TEMPORARY (6 MONTHS OR LESS) ☐

CERTIFIER'S NAME (*Please print*) Mark Hitchcock

CHECK ONE ☐ **PHYSICIAN'S ASSISTANT** ☐ **BESB** ☐ **USVA** ☒ **PHYSICIAN** ☐ **APRN** ☐ **OPTOMETRIST** ☐ **OPHTHALMOLOGIST**

MEDICAL LICENSE NUMBER (Required)	MEDICAL LICENSING STATE (Required)
034345	CT

OFFICE ADDRESS (No. and Street)	(City or Town)	(State)	(Zip Code)	OFFICE TELEPHONE NUMBER
240 Indian River Road	Orange	CT	06477	203-799-1252

ADDITIONAL CERTIFICATION MAY BE REQUIRED AT THE TIME OF THE ORIGINAL APPLICATION OR ANY TIME THEREAFTER IF THERE IS CAUSE TO BELIEVE THAT THE ABILITY TO WALK IS NOT SERIOUSLY AND PERMANENTLY IMPAIRED.

PHYSICIAN'S, APRN'S, OPTOMETRIST'S OR OPHTHALMOLOGIST'S STATEMENT AND SIGNATURE

SIGNATURE OF PHYSICIAN, APRN, OPTOMETRIST OR OPHTHALMOLOGIST X Mark A Hitchcock MD

DATE SIGNED 4/21/16

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, the undersigned, under penalty of false statement, in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement which I do not believe to be true with the intent to mislead the Commissioner, I will be subject to prosecution under the above-cited laws.